

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH.

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-028205

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3676

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1

2 3 558

3

4 0

5 1

6

7 1

8 2

9 200.1

10

11

12 90-0

13

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF

FILED JUL 22 1963

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Kansas City

Length of stay in 1b  
10 yrs.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION 3738 Garfield

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Jackson

c. CITY OR TOWN Kansas City

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS 3738 Garfield (If outside, give location)

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First Middle Last  
Ira Loyd Carbah

4. DATE OF DEATH  
Month Day Year  
July 2, 1963

5. SEX  
Male

6. COLOR OR RACE  
White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
Oct. 28, 1911

9. AGE (last birthday)  
51 IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Grain Elevator Supt.

10b. KIND OF BUSINESS OR INDUSTRY  
Empire Cold Storage

11. BIRTHPLACE (City and state or country)  
Ellsworth County, Kan. U. S. A.

13a. FATHER'S NAME

Edwin A. Carbah

13b. MOTHER'S MAIDEN NAME

Alice Murphy

14. NAME OF HUSBAND OR WIFE

Pauline Carbah

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
No

16. SOCIAL SECURITY NO.

17. INFORMANT  
Address  
Mrs. Pauline Carbah, 3738 Garfield

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Kansas City, Mo.  
Lympho sarcoma, generalized

INTERVAL BETWEEN ONSET AND DEATH  
6 months

DUE TO (b)

unknown cause

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐

SUICIDE ☐

HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from January 1963 to July 1963 and last saw her alive on April 1963  
Death occurred at 9:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Daniel J. Lauer M.D.

22b. ADDRESS

4320 Wornell, Kansas City

22c. DATE SIGNED

2 July 1963

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

7-3-63

23c. NAME OF CEMETERY OR CREMATORY

Englewood

23d. LOCATION (City, town, or county)

Clinton, Missouri

24. FUNERAL DIRECTOR

Stine & McClure, Kansas City, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

7-2-63

26. REGISTRAR'S SIGNATURE

Ruth Long

USE BLACK INK  
OR  
TYPEWRITER RIBBON

Dr. Haver  
4320 W. Marshall, Pl.  
St. Louis, Mo.  
(Hope the Doctor)

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Behan W Meeker

Licensed Embalmer No. 5078

P. O. Address KC, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.